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ALABIL
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 09734598		
CLAIMS AS FILED - PA (Column 1)					ART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTIT	
FOR NUMBER FILE			MUM C	BER EXTRA	1	RATE	FEE		RATE	-	
BASIC FEE (37 CFR 1.16(a))						1		1	1		FE
TOTAL CLAIMS					· · · · · ·	-			OR	ļ ————	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		IMS I	minus	20 = '		-	× \$=	<u> </u>	OR	× \$=	
(37 CFR 1.16(b))			minus	3 = .]	X \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ =		OR	+ \$=	.	
* If the difference in column 1 is less than zero, enter *0* in column 2.						- '	TOTAL		OR	TOTAL	
	·	CLAIMS AS AN	VENDE	D – PART II							
					(Column 3)		SMALL E	ENTITY	OR -		R THAN ENTITY
AMENDMENT A	11.19.04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE
	Total (37 CFR 1.16(c))	17	Minus	20			× \$ =		OR	× \$ =	
	Independent (37 CFR 1.16(b))	10	Minus	7	- 3		x \$ = .		OR	× \$ 88 =	264
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5 =	-	OR	+ \$ =	
	 					. J	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	264
		(Column 1)		(Column 2)	(Column 3)					,	Pd.
JENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADC TION FEI
M	Total (37 CFR 1 16(c))	•	Minus		=		x \$=		OR	x \$=	
AMENDA	Independent (37 CFR 1 16(b))	•	Minus		= .		x \$=		OR	x \$ =	
⋛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+	
 -	, , , , , , , , , , , , , , , , , , ,	**************************************					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	7	(Column 2)	(Column 3)		 				· · · · · · · · · · · · · · · · · · ·
	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADC TION FEE
MEN	Total (37 CFR 1 16(c))	•	Minus	••	=		x \$ =		OR	Y \$ =	

"Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control n

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))

Minus

Independent

(37 CFR 1 16(b))

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

OR

TOTAL

ADD'L FEE

Ξ

TOTAL

ADD'L FEE